

FORT LEAVENWORTH HOSTED EVENT PRE-SCREENING REQUEST FORM

Name of the Event:

Event Sponsor:

Event POC:

Date request submitted:

Date(s) of Event:

Location of Event:

Number of Non-Military/CAC ID card holders expected for event:

Justification for prescreening of personnel:

The sponsor must provide the following information for all pre-screening personnel on the posted spreadsheet in alphabetical order by last name; 1) FULL NAME 2) DATE OF BIRTH 3) COMPLETE SSN) PLACE OF BIRTH 5) DL NUMBER AND STATE ISSUED BY.

Chief Physical Security Officer Decision: _____ Approved _____ Denied

Comments: